

State of Washington Prehospital Stroke Triage Destination Procedure

Assess Applicability for Triage

Report from patient or bystander of one or more **sudden**:

- ☐ Numbness or weakness of the face, arm or leg, especially on one side of the body
- ☐ Confusion, trouble speaking or understanding
- ☐ Trouble seeing in one or both eyes
- ☐ Trouble walking, dizziness, loss of balance or coordination
- ☐ Severe headache with no known cause

NO

Transport per regional patient care procedures

YES

Perform *F.A.S.T.* Assessment

- ☐ **F**ace (unilateral facial droop) yes/no
- ☐ **A**rms (unilateral drift/weakness) yes/no
- ☐ **S**peech (abnormal/slurred) yes/no
- ☐ **T**ime last normal (determine time patient last known normal)

Yes to any one sign = YES

No to all three signs = NO

NO

Transport per regional patient care procedures

YES

Determine Destination*

Estimate time patient last normal to arrival at stroke center emergency department

**If unable to manage airway, consider rendezvous with ALS or intermediate stop at nearest facility capable of definitive airway management.*

If a stroke center is not available within transport times by ground, consider air transport or contact medical control for destination decision.

≤ 3.5 hrs

Transport patient to the nearest highest level 1, 2, or 3 stroke center within 30 minutes transport time per regional patient care procedures.

≥3.5 hrs to ≤ 6 hrs

Transport patient to nearest:

- ☐ Level 1 stroke center within 60 minutes transport time, or
- ☐ Level 2 stroke center with intra-arterial interventional capability within 60 minutes transport time.

>6 hrs or unknown

Transport patient to level 1, 2, or 3 stroke center within 30 minutes transport time per regional patient care procedures and patient/family preference.

Limit scene time and alert destination hospital en route ASAP

State of Washington





Prehospital Stroke Triage Destination Procedure

Purpose

The purpose of the Stroke Triage and Destination Procedure is to help you identify stroke patients in the field so you can take them to the most appropriate hospital. Like trauma, stroke treatment is time-critical – the sooner a patient is treated, the better their chances of survival. Fast treatment can mean less disability, too. For strokes caused by a blood clot in the brain (ischemic), clot-busting medication must be administered within 4.5 hours from the time they first have symptoms. For bleeding strokes (hemorrhagic), time is also critical. As an emergency responder, you play a crucial role in getting patients to treatment in time.

Stroke Assessment – F.A.S.T.

The F.A.S.T. assessment tool (also known as the Cincinnati Prehospital Stroke Scale + Time) is a simple but pretty accurate way to tell if someone might be having a stroke. It's easy to remember: Facial droop, Arm drift, Speech, + Time. If face, arms, or speech is abnormal, it's likely your patient is having a stroke. You should immediately transport the patient to a stroke center per the triage tool and regional patient care procedures. Alert the hospital on the way. Transport should not be delayed for IV and EKG monitoring.

TEST	NORMAL	ABNORMAL
<u>F</u>acial droop: Ask the patient to show his or her teeth or smile.	 <p>Both sides of the face move equally.</p>	 <p>One side of the face does not move as well as the other.</p>
<u>A</u>rm drift: Ask the patient to close his or her eyes and extend both arms straight out for 10 seconds. The palms should be up, thumbs pointing out.	 <p>Both arms move the same or both arms do not move at all.</p>	 <p>One arm drifts down, or one arm does not move at all.</p>
<u>S</u>peech: Ask the patient to repeat a simple phrase such as "Firefighters are my friends."	The patient says it correctly, with no slurring.	The patient slurs, says the wrong words, or is unable to speak.
<u>T</u>ime: Ask the patient, family or bystanders the last time the patient was seen normal.		

Stroke warning signs:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Encourage family to go to the hospital to provide medical history, or obtain contact information for a person who can provide medical history.

Report to ED:

Possible IV t-PA contraindications: symptom onset more than 180 minutes • head trauma or seizure at onset • recent surgery, hemorrhage, or heart attack • any history of intracranial hemorrhage • minor or resolving stroke • sustained BP> 185/110, but EMS do not treat!